

Master Application

One Stop Licensing
PO Box 8003
Helena, MT 59604-8003
Phone: (406) 444-6900
FAX: (406) 444-0722

MONTANA
Form MA
Rev. 4-04

License Fees

☐ Food Purveyor (page 11) Large ☐ Small ☐
Endorsements: (Check all that apply)
1. ☐ 2. ☐ 3. ☐ 4. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐
10. ☐ 11. ☐ 12. ☐ \$ _____

Manufacturers

☐ 13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 20. ☐
21. ☐ 23. ☐ 30. ☐ \$ _____

☐ Cigarette (pages 9 & 10)
☐ Retailer ☐ Wholesaler ☐ Subjobber ☐ Major Vendor
☐ Minor Vendor
\$ _____

☐ Other Tobacco Products
☐ Retailer ☐ Wholesaler (no fee required)

☐ Off-Premises Beer/Wine License (pages 19-26)
Two separate checks need to be submitted.
☐ Process Fee: Off-Premise - \$100.00
Make check payable to: Department of Revenue
\$ _____
☐ Off-Premise Beer - \$200.00 (if new)
☐ Off-Premise Wine - \$200.00 (if new)
☐ Off-Premise Beer/Wine - \$400.00 (if new)
Make check payable to: One Stop Licensing
\$ _____

☐ Nursery License (page 18)
☐ Exempt \$0 ☐ >= \$1,000 and < \$3,000 ☐ >= \$3,000
\$ _____

☐ Petroleum Dealers (page 5)
PA _____ x \$16.00 = _____
PB _____ x \$55.00 = _____
PC _____ x \$65.00 = _____
PD _____ x \$80.00 = _____
\$ _____

☐ Weighing Devices (page 5)
SA _____ x \$12.00 = _____
SB _____ x \$20.00 = _____
SC _____ x \$40.00 = _____
SD _____ x \$100.00 = _____
SE _____ x \$175.00 = _____
\$ _____

Underground Storage Tanks (page 5)
≤ 1100 gallons _____ x _____ = _____
> 1100 gallons _____ x _____ = _____
\$ _____

☐ Assumed Business Name (page 5 & 6)
\$ _____

Total Amount Enclosed \$ _____

The applicant is a: (check one and complete where appropriate)

- ☐ Corporation
☐ Limited Liability Company
☐ Association (attach the names and addresses)
☐ Individual
☐ Limited Liability Partnership (attach the names and addresses)
☐ Partnership (attach the names and addresses or write below: _____)

Please Do Not Send Cash

Check or Money Order # _____

Credit Card Payment: ☐ Visa ☐ MasterCard

Credit Card #

Expiration Date _____

Name on Card _____

Assumed Business Name/DBA/Trade Name, Etc.: _____

Description of business transacted under the assumed business name: _____

Date applicant first used the assumed business name (Mo\Day\Yr): _____

E-mail address (optional): _____

Company or Owner Name: _____

Federal Employer Identification Number (FEIN) or Social Security Number: _____

Business Location Address (cannot be a post office box) _____ City _____ State _____ ZIP + 4 _____

County _____ Business Phone _____ Fax Number _____

Business Mailing Address (if different from above) _____ City _____ State _____ ZIP + 4 _____

Signature (of sole proprietor, all partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

I(we), the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I(we) am(are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me(us) and that the matters and things set forth are true, correct and complete.

Signature(s) required (If a corporation, corporate officer must sign) _____ Title _____ Date _____